<u>Environmental Health Hazards Checklist</u>

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

First Name - Middle Initial - Last Name Social Security Number Date of Birth Social Security Number Date of Birth Step 2: Id=ntify the absence in pairment(s) and print the date of diagnosis. This individual was present in Lincoln County, Montana, for a total of all ass 6 months during a period ending to least 6 months during the following time periods: Step 2: Id=ntify the absence in pairment Date of Birth	Step 1: Identify the individual. (Completed by the field office.)							
Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.) Check the box next to the diagnosed impairment(s) and print the date of diagnosis. Impairment Diagnosis Minimum Medical Evidence Required Asbestosis 5010 Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed by pathologic examination of biopsy tissue or cytology from bronchicalveolar lavage Malignancy of the planning of the pathologic examination of biopsy tissue or cytology from bronchicalveolar lavage Malignancy of the planning of the pathologic examination of biopsy tissue or cytology from bronchicalveolar lavage Malignancy of the planning of the pathologic examination of biopsy tissue or cytology from bronchicalveo	First Name – Middle Initial – Last Name							
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Impairment								
Asbestosis 5010 Interpretation by a B reader qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of computed tomographic radiograph of the chest by a qualified physician of a plain chest x-ray or interpretation of biopsy tissue or cytology from bronchicalveolar lavage Malignancy of the rectum								
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Pleural plaques 3010 computed tomographic radiograph of the chest by a qualified physician		Asbestosis	5010					
Malignancy of the lung			5010					
lung lavage lavage		Mesothelioma	1630					
colon			1620					
rectum			1530	· · · · · · · · · · · · · · · · · · ·				
larynx		,	1530					
stomach Is10 lavage			1950					
Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.) This individual was present in Lincoln County, Montana, during the following time period(s): Do your records dated prior to March 23, 2010, indicate the individual was presented in Lincoln County, Montana, or a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? Yes Ideau Individual develop presence.)			1510					
pharynx 1950 lavage Malignancy of the ovary 1830 Established by pathologic examination of biopsy tissue or cytology from bronchioalveolar lavage Individual does not have an impairment listed above Date of Diagnosis: Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.) This individual was present in Lincoln County, Montana, during the following time period(s): Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? □ Yes □ No (SSA will develop presence.)			1500					
ovary		, ,	1950	, , , , , , , , , , , , , , , , , , ,				
Date of Diagnosis: Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.) This individual was present in Lincoln County, Montana, during the following time period(s): Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? ☐ Yes ☐ No (SSA will develop presence.)			1830	_ · · · · _ · · · _ · · · · · · · · · ·				
Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.) This individual was present in Lincoln County, Montana, during the following time period(s): Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? No (SSA will develop presence.)	☐ Individual does <u>not</u> have an impairment listed above							
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checked above? ☐ Yes ☐ No (SSA will develop presence.)	Do yo	ur records dated prior	to March 23,					
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Printed Name Physician's Signature Date	Printed Name				Physician's Signature	\dashv	Date	